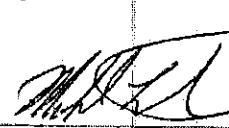


U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF ROBERTO DE JESUS		COURT CASE NUMBER 22-cv-09559	
DEFENDANT V. SANTIAGO, et al.		TYPE OF PROCESS Amended Summons/Complaint	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN A. Rodriguez, Acting Director of S.H.U.		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) DOCCS, 1220 Washington Ave. (Building 2) Albany, New York 12226-2050		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Roberto DeJesus, 12-A-0084 Auburn Correctional Facility P.O. Box 618 Auburn, NY 13024		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):			
Signature of Attorney other Originator requesting service on behalf of: <i>S. Harrold</i>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER DATE 2/13/2023
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No. Signature of Authorized USMS Deputy or Clerk Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or the on the individual, company, corporation, etc. shown at the address inserted below. <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above) <i>Erica Twomey ASST Counsel</i>		Date <i>05/31/2023</i>	Time <input type="checkbox"/> am <input checked="" type="checkbox"/> pm <i>0830</i>
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy 	
Costs shown on attached USMS Cost Sheet >>>			
REMARKS			

UNITED STATE MARSHALS SERVICE
SERVICE OF PROCESS
COST OF SERVICE

CASE # 22-CV-9559 F
TYPE OF PROCESS S+C
ADDRESS/CITY 1220 Washington Ave, Albany, NY
DEPUTY M. Tracey

ATTEMPT #1

DATE 05/31/2023 START TIME 0830 hrs END TIME 1000 hrs
DUSM(S) 2 X 2 X \$65.00 = \$130
(number) (Hours)
ROUND TRIP MILEAGE 14 X ~~\$58.5~~ = \$9.17

ATTEMPT #2

DATE _____ START TIME _____ END TIME _____
DUSM(S) _____ X _____ X \$65.00 = _____
(number) (Hours)
ROUND TRIP MILEAGE _____ X \$58.5 = _____

ATTEMPT #3

DATE _____ START TIME _____ END TIME _____
DUSM(S) _____ X _____ X \$65.00 = _____
(number) (Hours)
ROUND TRIP MILEAGE _____ X \$58.5 = _____

Forward Fee (if Applicable) _____

Parking/Tolls _____

Other Expenses (Specify) _____

TOTAL COST _____